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CORRESPONDENCE ADDRESS
INDICATION FORM**

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|------------------------|------------------------------|
| Application Number | 10/827,029 |
| Filing Date | April 19, 2004 |
| First Named Inventor | Matheyka et al. |
| Title | Device For The Production of |
| Art Unit | 3721 (Tubular Bags) |
| Examiner Name | Gerrity, S. |
| Attorney Docket Number | CMD 303B |

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Title and Company

Date 22 Nov 06

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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